

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000008705

1. Entity Name

TOTAL IMAGING OF SUN CITY, L.L.C.



Principal Place of Business

3862 SUN CITY CENTER BLVD.
SUN CITY CENTER, FL 33573

Mailing Address

122 LINSLEY AVE
STE A
BRANDON, FL 33573



01202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3721657

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYLIE, WARREN II
122 LINSLEY AVE. SUITE A
BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------|
| TITLE | MGR |
| NAME | NANNI, M. DOUGLASS MD |
| STREET ADDRESS | 122 LINSLEY AVE STE A |
| CITY-ST-ZIP | BRANDON, FL 33511 |
| TITLE | MGR |
| NAME | SILVERSTEIN, JONATHAN MD |
| STREET ADDRESS | 122 LINSLEY AVE STE A |
| CITY-ST-ZIP | BRANDON, FL 33511 |
| TITLE | MGR |
| NAME | BEKHOR, DAVID |
| STREET ADDRESS | 122 LINSLEY AVE STE A |
| CITY-ST-ZIP | BRANDON, FL 33511 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

1100010042311
02/24/05-80082-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Jonathan Silverstein

1/26/05

(813) 657-4914

Date

Daytime Phone #